

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

33013

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waynesville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.		Length of stay in lb. 18 days	d. STREET ADDRESS None.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Raymond Middle Reavis Last Ploger.			4. DATE OF DEATH Month 9 Day 13 Year 1957		
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/19/1905	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab. Driver.		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and state or country) Sweetsprings, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Perry Edward Ploger			14. MOTHER'S MAIDEN NAME Georgia Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 500-09-8684	17. INFORMANT Address Allen Cagle. Waynesville, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH 10 days 8-21-57
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 8-28-57 to 9-13-57 and last saw ^{her} him alive on 9-13-57 Death occurred at 3:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>N. E. Nichel</i> (Degree or title)		22b. ADDRESS Waynesville, Mo		22c. DATE SIGNED 9-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/16/57	23c. NAME OF CEMETERY OR CREMATORY GreenLawn Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Mo.		
24. FUNERAL DIRECTOR Hedger Funeral Home ADDRESS Way, Mo.		25. DATE RECD. BY LOCAL REG. 9-16-57	26. REGISTRAR'S SIGNATURE <i>Gene Paul Ambrose</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

580

RECEIVED 9-21-57
Pulaski County Health Officer
117
File Number 9-16-57
Date Filed

OCT 8 1957

OCT 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clarence Thorse*

Licensed Embalmer No. 489

P. O. Address *Waynsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.